

# PROJECT 10073 RECORD CARD

1. DATE 23 Feb 59		2. LOCATION Madisonville, Ky		12. CONCLUSIONS <input type="checkbox"/> Was Balloon <input type="checkbox"/> Probably Balloon <input type="checkbox"/> Possibly Balloon	
3. DATE-TIME GROUP Local _____ GMT 24/0117Z		4. TYPE OF OBSERVATION <input checked="" type="checkbox"/> Ground-Visual <input type="checkbox"/> Ground-Radar <input type="checkbox"/> Air-Visual <input type="checkbox"/> Air-Intercept Radar		<input checked="" type="checkbox"/> Was Aircraft <input type="checkbox"/> Probably Aircraft <input type="checkbox"/> Possibly Aircraft	
5. PHOTOS <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		6. SOURCE Civilian		<input type="checkbox"/> Was Astronomical <input type="checkbox"/> Probably Astronomical <input type="checkbox"/> Possibly Astronomical	
7. LENGTH OF OBSERVATION 3 min		8. NUMBER OF OBJECTS one	9. COURSE West	<input type="checkbox"/> Other _____ <input checked="" type="checkbox"/> Insufficient Data for Evaluation <input type="checkbox"/> Unknown	
10. BRIEF SUMMARY OF SIGHTING Bright, burning white, light went parallel to horizon in a straight path and disappeared over horizon to the West.			11. COMMENTS <del>Insufficient information to evaluate.</del> A/C		



34. What were the weather conditions at the time you saw the object?

34.1 CLOUDS (Circle One)

- ☒ a. Clear sky
- b. Hazy
- c. Scattered clouds
- d. Thick or heavy clouds
- e. Don't remember

34.2 WIND (Circle One)

- ☒ a. No wind
- b. Slight breeze
- c. Strong wind
- d. Don't remember

34.3 WEATHER (Circle One)

- ☒ a. Dry
- b. Fog, mist, or light rain
- c. Moderate or heavy rain
- d. Snow
- e. Don't remember

34.4 TEMPERATURE (Circle One)

- a. Cold
- b. Cool 5-40
- c. Warm
- d. Hot
- e. Don't remember

35. When did you report to some official that you had seen the object?

23 Feb \_\_\_\_\_  
Day Month Year

36. Was anyone else with you at the time you saw the object?

(Circle One) Yes

☒ No

36.1 IF you answered YES, did they see the object too?

(Circle One) Yes

No

36.2 Please list their names and addresses:

37. Was this the first time that you had seen an object or objects like this?

(Circle One)

☒ Yes

No

37.1 IF you answered NO, then when, where, and under what circumstances did you see other ones?

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38. In your opinion what do you think the object was and what might have caused it?



39. Do you think you can estimate the speed of the object?

(Circle One)

Yes

No

IF you answered YES, then what speed would you estimate?

\_\_\_\_\_ m.p.h.

40. Do you think you can estimate how far away from you the object was?

(Circle One)

Yes

No

IF you answered YES, then how far away would you say it was?

\_\_\_\_\_ feet.

41. Please give the following information about yourself:

NAME

\_\_\_\_\_ Last Name

\_\_\_\_\_ First Name

\_\_\_\_\_ Middle Name

ADDRESS

\_\_\_\_\_ Street

\_\_\_\_\_ City

\_\_\_\_\_ Zone

\_\_\_\_\_ State

TELEPHONE NUMBER

What is your present job?

Mining Engineer

Age

41

Sex

M

Please indicate any special educational training that you have had.

a. Grade school \_\_\_\_\_

b. High school \_\_\_\_\_

c. College ☒

d. Post graduate \_\_\_\_\_

e. e. Technical school \_\_\_\_\_

(Type) \_\_\_\_\_

f. Other special training \_\_\_\_\_

Reserve school of mine  
at college

42. Date you completed this questionnaire:

\_\_\_\_\_ Day

\_\_\_\_\_ Month

\_\_\_\_\_ Year



ATIC

24 FEB 59 3 07 25  
A/V

TELEPHONED  
TO OD ATIC  
NO. 5122  
TIME 0345Z  
Date 24 FEB  
By: AK

RC011

CZCSQA318ZCVYA657

PP RJEDSQ

DE ROESBJ 34A

P 240220Z

FM CMDR 2047TH AACS SQ

TO RJWFAL/CMDR AIR DEFENSE COMMAND ENT AFB

RJESKB/CMDR 32 SAGE DEFENSE DOBBINS AFB

RJEDSQ/CMDR AIR TECHNICAL INTELLIGENCE CENTER WRIGHT PATTERSON AFB

RJEZHQ/ASST CHIEF OF STAFF INTELLIGENCE HQ USAF

RJEZHQ/OFFICE OF INFORMATION SERVICES HQ USAF

RJEDNB/CMDR EASTERN AIR DEFENSE COMMAND STEWART AFB

INFO RJWFAL/1206TH AISS ENT AFB

BT

UFO

A. (19 BRIGHT OBJECT

(2) UNK

(3) LIGHT (BURNING WHITE)

(4) ONE

(5) NA

(6) NONE

(7) NONE

(8) NONE

(9) ALT AND SPEED UNK

124E4  
34Xm2



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B. (1) WAS LOOKING UP AND OBSERVED OBJECT

(2) PARALLEL TO HORIZON

(3) OVER HORIZON

(4) OVER STRAIGHT PATH ACROSS SKY

(5) OVER HORIZON ON HEADING 272 DEGREE

(6) 3 MIN

C. (1) GROUND-VISUAL

(2) NONE

(3) NA

(3) NA

D. (1) 24/0117Z

(2) NIGHT

E. MADISONVILLE, KY

F. (1) CIVILIAN MR [REDACTED]

(2) NA

G. (1) CLEAR AND 15 PLUS

(2) SFC NW 5K

6000 FMSL 320/30K

10000 300/45K

16000 280/50K

20000 280/65K



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30000 270/110 K

50000 270/75K

80000 UNK

(3) CLEAR

(4) 15 MI PLUS

(5) NONE

(6) NONE

H. NONE

I. NONE

J. MEM ARTC ADVZ NEG IFR TRAFFIC IN AREA

K. REPORT RECD THRU MEM ARTC QX AT 24/0203Z MR [REDACTED]

TELEPHONE NO AND ADDRESS LISTED IN MADISONVILLE, KY TELEPHONE

DIRECTOR

L. NONE

BT

24/0230Z FEB ROESBJ



## U. S. AIR FORCE TECHNICAL INFORMATION SHEET

This questionnaire has been prepared so that you can give the U. S. Air Force as much information as possible concerning the unidentified aerial phenomenon that you have observed. Please try to answer as many questions as you possibly can. The information that you give will be used for research purposes, and will be regarded as confidential material. Your name will not be used in connection with any statements, conclusions, or publications without your permission. We request this personal information so that, if it is deemed necessary, we may contact you for further details.

1. When did you see the object?

23 Feb 59  
Day Month Year

2. Time of day:

8 17  
Hour Minutes

(Circle One): A.M. or P.M.

3. Time zone:

(Circle One): a. Eastern  
b. Central  
c. Mountain  
d. Pacific  
e. Other \_\_\_\_\_

(Circle One): a. Daylight Saving  
b. Standard

4. Where were you when you saw the object?

Colonial mine - 8 mi WSW OF MADISONVILLE  
Nearest Postal Address City or Town State or Country

Additional remarks: \_\_\_\_\_

5. Estimate how long you saw the object.

\_\_\_\_\_  
Hours Minutes Seconds

5.1 Circle one of the following to indicate how certain you are of your answer to Question 5.

a. Certain  
b. Fairly certain  
c. Not very sure  
d. Just a guess

6. What was the condition of the sky?

(Circle One): a. Bright daylight  
b. Dull daylight  
c. Bright twilight

DARK

d. Just a trace of daylight  
e. No trace of daylight  
f. Don't remember

7. IF you saw the object during DAYLIGHT, TWILIGHT, or DAWN, where was the SUN located as you looked at the object?

(Circle One): a. In front of you  
b. In back of you  
c. To your right

d. To your left  
e. Overhead  
f. Don't remember



8. IF you saw the object, at NIGHT, TWILIGHT, or DAWN, what did you notice concerning the STARS and MOON?

8.1 STARS (Circle One):

- a. None
- b. A few
- ☒ c. Many
- d. Don't remember

8.2 MOON (Circle One):

- a. Bright moonlight
- b. Dull moonlight
- c. No moonlight — pitch dark
- ☒ d. Don't remember

9. Was the object brighter than the background of the sky?

(Circle One):

☒ a. Yes

b. No

c. Don't remember

10. IF it was BRIGHTER THAN the sky background, was the brightness like that of an automobile headlight?:

(Circle One) ☒ a. A mile or more away (a distant car)?

b. Several blocks away?

c. A block away?

d. Several yards away?

e. Other

11. Did the object:

(Circle One for each question)

- |   |                                      |                                     |            |
|---|--------------------------------------|-------------------------------------|------------|
| a. Appear to stand still at any time?           | <input checked="" type="radio"/> Yes | <input type="radio"/> No            | Don't Know |
| b. Suddenly speed up and rush away at any time? | <input type="radio"/> Yes            | <input checked="" type="radio"/> No | Don't Know |
| c. Break up into parts or explode?              | <input type="radio"/> Yes            | <input checked="" type="radio"/> No | Don't Know |
| d. Give off smoke?                              | <input type="radio"/> Yes            | <input checked="" type="radio"/> No | Don't Know |
| e. Change brightness?                           | <input type="radio"/> Yes            | <input checked="" type="radio"/> No | Don't Know |
| f. Change shape?                                | <input type="radio"/> Yes            | <input checked="" type="radio"/> No | Don't Know |
| g. Flicker, throb, or pulsate?                  | <input type="radio"/> Yes            | <input checked="" type="radio"/> No | Don't Know |

12. Did the object move behind something at anytime, particularly a cloud?

(Circle One):

Yes

☒ No

Don't Know.

IF you answered YES, then tell what

it moved behind: \_\_\_\_\_

13. Did the object move in front of something at anytime, particularly a cloud?

(Circle One):

Yes

☒ No

Don't Know.

IF you answered YES, then tell what

it moved in front of: \_\_\_\_\_

14. Did the object appear:

(Circle One):

a. Solid?

b. Transparent? ☒ Light

c. Don't Know.

15. Did you observe the object through any of the following?

- |                 |     |    |                             |                                      |    |
|-----------------|-----|----|-----------------------------|--------------------------------------|----|
| a. Eyeglasses   | Yes | No | e. Binoculars               | Yes                                  | No |
| b. Sun glasses  | Yes | No | f. Telescope <i>TRANSIT</i> | <input checked="" type="radio"/> Yes | No |
| c. Windshield   | Yes | No | g. Theodolite               | Yes                                  | No |
| d. Window glass | Yes | No | h. Other _____              |                                      |    |



16. Tell in a few words the following things about the object.

a. Sound NO

b. Color yellow

17. Draw a picture that will show the shape of the object or objects. Label and include in your sketch any details of the object that you saw such as wings, protrusions, etc., and especially exhaust trails or vapor trails. Place an arrow beside the drawing to show the direction the object was moving.

*no shape noticed. just saw light*

18. The edges of the object were:

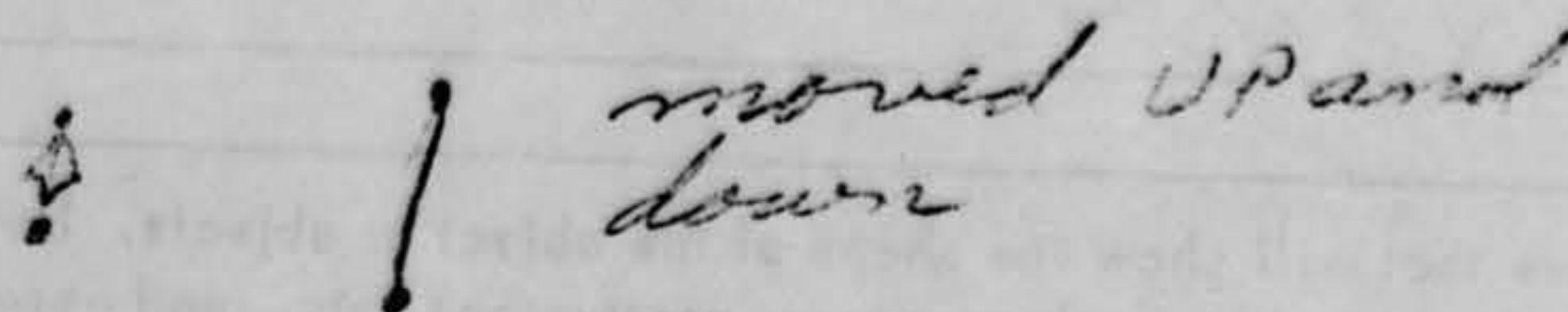
- (Circle One):
- a. Fuzzy or blurred
  - ☒ b. Like a bright star
  - c. Sharply outlined
  - d. Don't remember

e. Other \_\_\_\_\_

19. IF there was MORE THAN ONE object, then how many were there? \_\_\_\_\_  
 Draw a picture of how they were arranged, and put an arrow to show the direction that they were traveling.



20. Draw a picture that will show the motion that the object or objects made. Place an "A" at the beginning of the path, a "B" at the end of the path, and show any changes in direction during the course.



21. IF POSSIBLE, try to guess or estimate what the real size of the object was in its longest dimension.  
\_\_\_\_\_ feet.

22. How large did the object or objects appear as compared with one of the following objects held in the hand and at about arm's length?

(Circle One):

- a. Head of a pin  
b. Pea  
c. Dime  
d. Nickel  
e. Quarter  
f. Half dollar

- g. Silver dollar  
h. Baseball  
i. Grapefruit  
j. Basketball  
k. Other \_\_\_\_\_

- 22.1 (Circle One of the following to indicate how certain you are of your answer to Question 22.

- a. Certain  
b. Fairly certain

- c. Not very sure  
d. Uncertain

23. How did the object or objects disappear from view? OVER HORIZON

24. In order that you can give as clear a picture as possible of what you saw, we would like for you to imagine that you could construct the object that you saw. Of what type material would you make it? How large would it be, and what shape would it have? Describe in your own words a common object or objects which when placed up in the sky would give the same appearance as the object which you saw.



25. Where were you located when you saw the object?  
(Circle One):

- a. Inside a building
- b. In a car
- ☒ c. Outdoors
- d. In an airplane
- e. At sea
- f. Other \_\_\_\_\_

26. Were you (Circle One)

- a. In the business section of a city?
- b. In the residential section of a city?
- ☒ c. In open countryside?
- d. Flying near an airfield?
- e. Flying over a city?
- f. Flying over open country?
- g. Other \_\_\_\_\_

27. What were you doing at the time you saw the object, and how did you happen to notice it?

WENT OUT TO CAR & GLANCED TO WEST  
AND SAW LIGHT

28. IF you were MOVING IN AN AUTOMOBILE or other vehicle at the time, then complete the following questions:

28.1 What direction were you moving? (Circle One)

- |              |              |              |              |
|--------------|--------------|--------------|--------------|
| a. North     | c. East      | e. South     | g. West      |
| b. Northeast | d. Southeast | f. Southwest | h. Northwest |

28.2 How fast were you moving? \_\_\_\_\_ miles per hour.

28.3 Did you stop at any time while you were looking at the object?

(Circle One)      Yes      No

29. What direction were you looking when you first saw the object? (Circle One)

- |              |              |              |  |
|--------------|--------------|--------------|--|
| a. North     | c. East      | e. South     | <input checked="" type="radio"/> g. West |
| b. Northeast | d. Southeast | f. Southwest | h. Northwest                             |

30. What direction were you looking when you last saw the object? (Circle One)

- |                 |              |              |  |
|-----------------|--------------|--------------|--|
| a. <u>North</u> | c. East      | e. South     | <input checked="" type="radio"/> g. West |
| b. Northeast    | d. Southeast | f. Southwest | h. Northwest                             |

31. If you are familiar with bearing terms (angular direction), try to estimate the number of degrees the object was from true North and also the number of degrees it was upward from the horizon (elevation).

31.1 When it first appeared:

- a. From true North 269 degrees.
- b. From horizon 10 degrees.

31.2 When it disappeared:

- a. From true North 269 degrees.
- b. From horizon 0 degrees.